

<b>Case Number:</b>	CM13-0060972		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/27/2000
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41-year-old male who reported an injury on 03/27/2000. The worker was injured while moving box containing a ping pong table he injured his right shoulder, right chest wall, and neck. The injured worker reported pain to his upper neck and some limits on range of motion and sharp pain when using full range of motion. The pain to the right shoulder was worse. The injured worker reported that he had increased muscle spasms to the chest and Final Determination Letter for IMR Case Number [REDACTED] shoulder at night. The injured worker rated his 6/10 at the visit and his worst pain level to be 8/10. Physical examination revealed normal range of motion of the right shoulder. Examination of the cervical spine revealed slight forward flexion of the head and slight straightening of the cervical lordosis. Range of motion is about 75% of expected. The paravertebral and trapezius muscle were taut, tender, and had trigger points. The injured worker was diagnosed with degeneration of cervical intervertebral disc. Past medical treatment included TENS unit, H-wave unit, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**A COMPREHENSIVE MULTIDISCIPLINE ASSESSMENT FOR ASCLEPIUS PAIN MANAGEMENT FUNCTIONAL RESTORATION PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
FUNCTIONAL RESTORATION PROGRAM Page(s): 30-32.

**Decision rationale:** The California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success have been addressed. Additionally, the guidelines indicate that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. As the guidelines state documentation of unsuccessful attempts of treating chronic pain would be needed, the most recent clinical note submitted for review indicated the injured worker had been using a TENS unit and stated it worked well for his neck and back pain. The injured worker also reported the medications helped reduce pain and provided improvement in function. The documentation submitted failed to provide evidence of unsuccessful attempts of treating chronic pain and also failed to indicate the injured worker had a loss of ability to function independently resulting from the chronic pain. Therefore, the request is not supported. Given the above, the request for a comprehensive multidiscipline assessment for Asclepius pain management functional restoration program is non-certified.